

# Candidate Intention Statement

**Registrar  
of Voters**

Date Stamp  
**JUL 18 2024**

**Imperial  
County**

**CALIFORNIA  
FORM 501**

For Official Use Only

Check One:  Initial  Amendment (Explain)

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First Middle Initial) <b>Antonio Leon</b>	DAYTIME TELEPHONE NUMBER <b>(760) 587-0023</b>	FAX NUMBER (optional) <b>( )</b>	EMAIL (optional) <b>tony-leon@sbcglobal.net</b>
STREET ADDRESS <b>264 H Street</b>	CITY <b>Brawley</b>	STATE <b>CALIFORNIA</b>	ZIP CODE <b>92227</b>
OFFICE SOUGHT (POSITION TITLE) <b>Brawley Union High School District School BOARD</b>		DISTRICT NUMBER, if applicable.	<input checked="" type="checkbox"/> NON-PARTISAN OFFICE
OFFICE JURISDICTION			(Check one box, if applicable.)
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			<input checked="" type="checkbox"/> PRIMARY / GENERAL <input type="checkbox"/> SPECIAL / RUNOFF
			<b>2024</b> (Year of Election)

## 2. State Candidate Expenditure Limit Statement:

*(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)*

(Check one box)

- I accept the voluntary expenditure ceiling for the election stated above.
- I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

- I did not exceed the expenditure ceiling in the primary or special election held on \_\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

- On \_\_\_\_\_ I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/18/2024 Signature Antonio Leon  
(month, day, year) (Candidate)